

How to Obtain a Death Certificate

A certified copy or transcript of a death certificate may be issued to:

1. A person with a NYS court order issued on a showing of necessity.
2. The spouse, a parent or child of the deceased.
3. Lawful representative of the spouse, parent or child of the deceased.

Acceptable Identification

1. State issued drivers or non-drivers license.
2. Military ID card.
3. Passport.
4. Police report documenting the applicant's name, address and theft or loss of positive ID.
5. Two current utility bills issued immediately preceding the application and, showing the requestor's name and address.

**In the event that the applicant's last name on the identification differs from the information on the certificate, a copy of the applicant's birth certificate, marriage certificate, and legal name change paperwork must accompany.

** If the applicant has a notarized authorization to obtain the record on behalf of an eligible individual, the original notarized statement and ID from the eligible individual must accompany the request.

Attorney Copies- requests must be submitted in writing on attorney's letterhead or an official application form. The request must include:

- a. Decedent's name.
- b. Date of death.
- c. Who the attorney represents.
- d. How the person named on the death certificate relates to the legal matter.
- e. Reason copy is required.

NOTE: the attorney must represent someone who is authorized to obtain a death certificate. If the request involves an estate, the attorney must state that he or she is the attorney for the estate, represents a potential heir or someone contesting the will etc.

Identification is required for requests made in person.

Fee: \$10.00 per certified copy requested. Payment may be made in cash (do not send cash in the mail) or by check or money order made payable to "Town of Islip".

**TOWN OF ISLIP**

REGINA V. DUFFY, TOWN CLERK & REGISTRAR

**Application to Local Registrar
for Copy of Death Record**

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased		Date of Death or Period to be Covered by Search	
First	Middle	Last	
Name of Father of Deceased		Social Security Number of Deceased	
First	Middle	Last	
Maiden Name of Mother of Deceased		Date of Birth of Deceased	Age at Death
First	Middle	Month	Day Year
Place of Death			
Name of Hospital or Street Address		Village	Town or City County
What was your relationship to the deceased? _____			
In what capacity are you acting? _____			
If attorney, name and relationship of your client to deceased _____			
Signature of Applicant _____		Date _____	
Address of Applicant _____			

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

_____ Number of copies requested with confidential cause of death

_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____

Address _____

City _____ State _____ Zip Code _____

Funeral Home: _____

**** FOR OFFICE USE ONLY****

Copies: _____ Check No.: _____